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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/IT03/00134 03/06/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

ITALY RM2002000130 03/08/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 7	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature:  Initials:				

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## TITLE

Diagnostic and therapeutic tools for the x-linked mental retardation syndrome

FILING FEE  RECEIVED 734	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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